

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

391 -63-001512
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 391

FILED FEB 6 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 44 YRS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WALNUT ADDRESS HOME 3522 WALNUT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS JEFFERSON COX		4. DATE OF DEATH Month Day Year JANUARY 20 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-29-80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - BRAKE MAN		10b. KIND OF BUSINESS OR INDUSTRY MO. PACIFIC R.R.	
11. BIRTHPLACE (City and state or country) SHELL CITY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HUGH COX		13b. MOTHER'S MAIDEN NAME LOUISE STRADER	
14. NAME OF HUSBAND OR WIFE ROSE E. COX		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address ROSE E. COX, 3803 MORRELL, K.C. MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Organic Brain Syndrome and Arteriosclerosis C.V. Dis DUE TO (b) [REDACTED] DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH years years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-4-61 to 1-20-63 and last saw him alive on 1-14-63 Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herbert M. Parker M.D.		22b. ADDRESS 928 W. 46th Bldg	
22c. DATE SIGNED 1-21-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE JAN-22-1963		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY		23e. STATE Missouri	
24. FUNERAL DIRECTOR D.W. NEWGOMER'S SONS KAN. CITY, MO		25. DATE RECD. BY LOCAL REG. 1-22-63	
26. REGISTRAR'S SIGNATURE Ruth Long		27. [REDACTED]	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Herbert M. Parker MEDICAL CERTIFICATION

To Student Embalmer
Angela Bldg. 1135233

12:5 PM

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0-08

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Louis Zwend*

Licensed Embalmer No. 4096

P. O. Address K. C. F. M. D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.